

You must email and request your trial setting date from the Court Coordinator. You will not receive notification of this trial setting from the Court. The attorney requesting the trial setting is responsible for notifying opposing counsel and all parties.

CAUSE NO. _____

IN THE MATTER OF:

IN THE DISTRICT COURT

505TH JUDICIAL DISTRICT

AND

FORT BEND COUNTY, TEXAS

TO: Court Coordinator
becky.fisher@fortbendcountytexas.gov

REQUEST FOR TRIAL SETTING

_____ JURY _____ NON JURY

TIME ESTIMATE OF TRIAL: _____

Please set the above entitled and numbered cause for trial on _____, _____. Pursuant to TRCP 245, if this is the first trial setting, this date requested allows the appropriate 45 day notice. In accordance with the Rules of the 505th District Court, I, the undersigned, hereby certify the following:

Signature of Attorney/ Party Making Request and Certification

Date

PLEASE INITIAL:

- _____ a. that attorneys/parties have conferred with each other and made a good faith attempt to ascertain a mutually convenient date for trial;
- _____ b. that sworn inventories and financial information statements will be filed at least 10 days prior to trial;
- _____ c. that a jury fee has been paid if requesting a jury setting;
- _____ d. that the pleadings and service thereof have been reviewed and are in order;
- _____ e. that all discovery has been scheduled and will be completed at least 30 days prior to trial;
- _____ f. that all matters preliminary to trial have been accomplished, including any Daubert motions;
- _____ g. that all parties and counsel of record have been noticed with this Request for Setting;
- _____ d. that all reports of counselors and investigating agencies have been filed;
- _____ e. that all parties have attended mediation or have mediation scheduled on _____; and
- _____ f. that the case is ready for trial.

ATTORNEY FOR PETITIONER

Name: _____
Address: _____
Phone No. _____
Fax No. _____

ATTORNEY FOR RESPONDENT

Name: _____
Address: _____
Phone No. _____
Fax No. _____

OTHER PARTIES AND COUNSEL

Name: _____
Address: _____
Phone No. _____
Fax No. _____

Name: _____
Address: _____
Phone No. _____
Fax No. _____